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ABSTRACT

The paper describes training of staff in a mainstream program for children 4 months through 5 years of age. Approximately 40% of the 105 children have one or more handicapping condition. The program provides training via a competency model. Preservice training is delivered to a new employee when entering the program by teams made up of the program director, family services coordinator, office manager, outreach specialist, nurse, and a classroom teacher representative and addresses such topics as time management, personnel issues, data collection and recordkeeping. Inservice training based on assessment of needs and strengths, features outside presenters as well as in-house staff. Ongoing training features off-site conferences and seminars on topics chosen by individual staff members. (CL)

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NORTHWEST CENTER
CHILD DEVELOPMENT PROGRAM

Outreach

Assisting programs in mainstreaming and integrating handicapped and non-handicapped children.

PRESERVICE, INSERVICE ONGOING TRAINING OF PERSONNEL IN MAINSTREAMED PROGRAMS

BY

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1985

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NORTHWEST CENTER
CHILD DEVELOPMENT PROGRAM

STAFF: PRESERVICE, INSERVICE AND ONGOING TRAINING OF PERSONNEL IN MAINSTREAMED PROGRAMS

Introduction

Preservice, inservice and ongoing training of personnel who work in mainstreamed programs is, for the purposes of this paper, described from the perspective of the plan currently in operation at Northwest Center Child Development Program.

The program operates as a mainstreamed program for children, ages four months through five years. Approximately 60% of the 105 children served both full and part time, are normally developing and 40% have one or more handicapping conditions. Comprehensive services include special education, pediatric communication and occupational therapies; nutrition; health; family counseling; full day child care and early childhood education. The children are integrated into classrooms, called family unit groupings, for the entire length of their program day.

In the program, educators are both special education teachers and early childhhood teachers, who are paired into six teams. Therapists are expected to deliver 65-70% of the direct therapy to children in the classrooms. The program practices a "therapist as consultant" model with the less severely involved children. Direct therapies continue to be delivered to the moderate to severly involved children. The model allows for therapists to instruct teachers, as well as providing direct therapies.

Each team of teachers is a "case manager" for the 10 chhildren (4 with handicapping conditions, 6 normally developing), ages four months through three years, who are enrolled in their classrooms. The support members of the team are therapists, family services, nutritionist and health care provider.

In two classrooms, there are children who are between three and five years of age (6 handicapped and 9 normally developing). The teams for these two rooms include a special education teacher, early childhood specialist and part time aide in each team.

The staff totals 25 persons, all full time, with the exceptions of a five hour daily nutritionist/cook, two five hour a day aides and a five hour daily nurse. In addition there are five mentally handicapped adults who have been trained as child care aides.

The program goal is team work. The guiding philosophy is that the input from each member (including parents) shapes the events of the child's day. The program exists to meet the needs of each child and her parents.

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Philosophy of Training

Training for all staff personnel emanates from a "competency model." The expectation is that each staff person, in any position, enters the program with a basic set of competencies. The expectation of the program director, co workers and parents is that the staff person will have academic training specific to the discipline she/he represents and an operational knowledge of child growth and developmental principles. This philosophy guides the training for all program personnel.

TRAINING COMPONENTS

How is Training in a Mainstreamed Program Alike or Different from Training in Any Other Early Childhood Program?

Probably the most identifiable likeness has to do with the quality of the services delivered to children and families. Staff training affects the quality of services more than any single factor. In any early childhood program the quality, quantity and type of training available to staff persons often results in the shaping of the reputation of the program in the community.

The reality is that early childhood programs do acquire a community reputation. Often times, that reputation is built on the interactions parents and professionals have with the personnel in a program. Interactions with a few program persons, on a consistent or intermittent basis, shapes the communitys' perception of the program.

An identifiable difference can be described as the type of training available to educators, therapists, support personnel and aides who work in mainstreamed programs. Classroom teachers, particularly early childhood trained educators, who have children with handicapping conditions need information about the conditions. They need demonstrations of strategies to manage teh child's condition in the classroom. They need the information from health care professionals and special educators, delivered in a way that operationalizes when the teaching professional is no longer in the classroom.

In mainstreamed programs, staff persons need the same training other persons need in any good early childhood program. They need training specific to the services the program offers (e.g. curriculum training, behavior management, assessment, day care planning and the learning environment). In addition they need specific training in handicapping conditions and the management of those conditions.

Even the special education teachers need the training. They particularly need the training and exposure to normal growth and development principles.

Though it might be considered more important for staff persons in mainstreamed programs to have training in working with parents, the author advocates such training for personnel in any early childhood program. When working with very young who are or are not handicapped, it is essential for the program personnel to have an understanding of stages of development through which all parents progress. From the

ecological approach of Uri Bronfenbrenner, the child exists not in isolation, but in the context of family and society. This is as important for the handicapped child as it is for the normal child and family.

What is Preservice Training and Why is it Needed?

Preservie training is described as the training a designated person or persons, provides to a new employee when entering a program. The format used can be unique to the program structure.

In the mainstreamed program described in this paper, the preservice training is provided to the employee by using a team approach. The team includes the program director, the family services coordinator, the office manager, the Outreach specialist, the nurse and a classroom teacher representative.

The team approach is used because it capitalizes on the unique talents and skills of a wider variety of people and the burden of training does not fall on one person.

As an example, the time needed for preservice training at Northwest Center is approximately 6 hours. The new employee is paid for the hours at the rate of pay agreed upon during the pre employment negotiating session. It usually takes place in a working day, on site at the Child Development Center.

The components of preservice training for all persons in their respective positions includes the following items:

1. Reading the Staff Training manual (approximately 3 hours). The manual describes the philosophy of the program as it relates to the classroom environment, roles and positions of individuals in that environment.

1.1 Design of the classroom environment and expectations of the educators, therapists, family services, nurse and other support personnel in that environment.

1.2 Program record keeping systems, including assessments of children, writing reports, collecting program data and examples of the forms used by all staff persons.

1.3 Classroom lesson plan formats, curriculum, curricular concepts and other daily, weekly and monthly information . Additionally, the planning for the cooperative work of team members (e.g. educators, therapists, aides) is described.

1.4 Behavior management principles that are used in the Child Development Program are described in detail.

2. Time Management (1 hour)

Each new staff person is presented with the basic principles of time management theory and how the theory can be applied to an early childhood setting. This is important for educators, therapists and support personnel who are structuring and balancing their time for meetings, paperwork, staffings, program planning as well as, socializing with other staff persons (socializing is built into the day).

The time management training is accomplished through the services of one staff person, who has completed the training and practices the principles well. In Northwest Centers' program, that person is the

Outreach Specialist, whose job it is to train staff persons in other community based programs in the concept of mainstreaming.

3. Personnel Issues (1 hour)

This training component is provided by the Program Director and includes all the issues the employee needs to know while being an employee of the program. Such items are described as benefits package, policy issues, agency pay periods, expectations of conduct and other elements that routinely are a part any term of employment contract. A tour of the program is conducted by the Offie Manager.

4. Familiarizing the Employee with the Child Development Programs' record keeping system (1 hour)

One member of a teaching team, or the therapy team, familiarizes the new staff person with the child assessments, data sheets, report forms, program plan forms and instructs the person in their use.

This is usually accomplished within the first week of employment, but not during the initial six hour period. The rationale for this practice is that after the initial six hours, it is too overwhelming for the new employee to absorb any other information. This is particularly important when teaching the system of child assessments and record keeping. Knowing the psychology of adult learners is an important aspect of preservice training.

5. Data collection and record keeping (1 hour)

During the second week of employment the new staff person meets with another educator or therapist (a person other than her/his immediate team co worker) for purposes of examining the options for data collection on individual child programs and how to keep accurat records.

6. Family Services (30 minutes)

The Family Services Coordinator completes a minimum of 30 minutes with each new employee. The purpose is so that the new person can become acquainted with the philosophy, goals, practices and details of the family involvement protion of the program.

The pre service training is designed to give the new program employee a clear and sound philosophical basis for working with families on her/his caseload, in the classroom or in therapy sessions.

Attention paid to the issues described above in the first few weeks of employment has its' benefits in the clear understanding an employee has regarding what she/he can accomplish in the program.

Inservice Training

The inservice training plan is derived from the information provided by each staff person. The information is collected in the following manner: After being in the program for one month, every staff person completes a "needs and strengths" assessment. This procedure is also conducted each September, as that month signals the "beginning" of the school year (Northwest Center is a 12 month program). Based on the information reported in the instrument, a

staff training plan is devised.

The plan provides for a once monthly training session for all staff persons. The topics are presented in order of priority. That is, as information was collected from all needs and strengths surveys, it was aggragated and top priority items surface. On the needs and strengths assessment, the most frequently requested issues become the top priority training items.

Though there are many "needs instruments" available on the market, Northwest Center finds most useful the discrepency model found in Toni Linder's book, Early Childhood Special Education.

For example, in the 1984-85 program year (September1984-August 1985) the information collected from the needs and strengths assessment in September, became the basis for the inservice training program throughout the year. The needs are collapsed into topical areas and placed on the training timeline. Persons are assigned responsibilities for recruiting people outside the program as speakers and presenters.

Usually an outside presenter is not paid a fee or honorarium. Generally there is reciprocal action on the part of a staff person at Northwest Center to present on site at another agency. This method is an effecient way to share the community resources when budgets do not allow large amounts of money for training.

In Northwest Centers' program there are once weekly staff meetings for a period of one hour. The inservice training presentation from an outside presenter, which focuses on a top priority topic, will be covered during that hour. The presentation is no longer than 30-40 minutes. The rationale for this relates again to the research completed on inservice training and the psychology of adult learners. It appears that adults tend to learn if the information is action oriented, participartory and in segments shorter that 45 minutes.

In addition to the monthly presentations, there are shorter presentations by Northwest Center staff persons at each of the other three staff meetings during each month. For example, once monthly, each therapist, an educator, the nurse and family services give a 10-15 minute update on information from their respective disciplines, designed to strengthen the team effectiveness.

In summary, the inservice training is presented at staff meetings, for a portion of those meetings, and by outside presenters once monthly and by staff members once monthly at the three other meetings. Evaluation of the training is completed by a "satisfaction" survey, given to each participant. On an annual basis, the scores are aggragated, summarized and used to evaluate the effectiveness of the inservice training.

Ongoing Training

In addition to the inservice training, ongoing training is given in the form of off site conferences or seminar attendance. In this program, it is a goal that at a minimum of once yearly, each staff person will attend one off site conference or seminar. A line item in the budget is allocated to training monies.

Topics range from therapy issues, to feeding infants, to health, to specialized research in syndromes and handicapping conditions to childhood bereavement.

Each staff person determines for her/his self a direction in which her/his learning will develop for a period of one year. During that time, the Program Director and the individual staff person are vigilant to upcomong events that support the direction the staff person has chosen.

CONCLUSION

To summarize the topics covered in this paper, following are some points regarding staff training in mainstreamed programs.

Firstly, the staff recruitment must fit the program philosophy as closely as possible. For example, in mainstreamed programs, it is necessary to have educators who are well grounded in principles of special education and those who are well versed in principles of normal development.

TO NOTE! Not necessarily are the two synonymous. Over the past years, the writer has found that many special educators have information about techniques, strategies and special education methodologies, but not necessarily a sequenced set of expectations of normal development. When working with normally developing children and children with handicapping conditions, this is a critical area of informations.

The early childhood educator usually has a good grasp of normal developmental sequences, but has less information about technology and strategies (e.g. task analysis, behavior management, building child programs from objective data collection). As a team, these people enrich one another's teaching abilities and each increases her/his skills, when learning from one another. Together and collectively, they immeasurably enhance the lives of children in the mainstreamed environment with the shared perspectives.

Secondly, in the mainstreamed programs, the very factors just described that can enrich a team experience, can also be the factors that tear at it's smooth operation. Misunderstandings about perceived skills, responsibilities, roles of therapists and work load distribution among educators and therapists make preservice, inservice and ongoing training a must.

Thirdly, a strong and well structured program is essential in the mainstreamed program. A clear philosophy of services provided, family participation, staff roles and expectations and working systems are critical to the success of a mainstreamed program. Each staff person must clearly understand where her/his role fits in the overall picture.

Fourthly, given a staff person with a resonable level of competencies and a clearly dileneated program, the success of the staff person and program will be assurred. The success is also interdependent on the preservice, inservice and ongoing training provided to staff.

Finally, staff people must have input into their training. Only then will each person invest time and energy and interest that generalizes to changes in the classroom.

How does training in a mainstreamed program differ from training in any early childhood program? The attention to information needs of individual persons, the shared roles, the recognition that there are

diverse needs of children and families is a critical difference. The information must be actualized by consistent, content oriented training that builds in concrete steps to implementation.

In a mainstreamed program, nothing should be presumed as "understood" by all, until it has been presented to each person in a manner that is inclusive of her/his role and responsibilities. Only through systematic preservice, inservice and ongoing training will barriers come down and team work truly flourish for the benefit of children and families.

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